

**Application for New Residential Utility Accounts**

ACCT# _____

PO Box 610 Broken Arrow, OK 74013
Office 918.259.8409 Fax 918.259.8215

SERVICE ADDRESS: _____ Ave Blvd Cir Ct Ln Pl St Dr

HAVE YOU HAD PREVIOUS UTILITY SERVICE WITH THE CITY? _____ NAME ON THE ACCOUNT _____

PREVIOUS ADDRESS _____

NAME FOR NEW ACCOUNT: LAST _____ FIRST _____

MAILING ADDRESS IF DIFFERENT THAN SERVICE ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DRIVERS LICENSE # _____ DL STATE _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

PLACE OF EMPLOYMENT _____ EMPLOYER PHONE NUMBER _____

SERVICE START DATE _____ CIRCLE ONE: AM PM IS WATER ON? YES _____ NO _____ Unlock

SERVICE ACTIVATED BY: PERSON COMING IN _____ BY PHONE _____ E-MAIL _____

ADDITIONAL PERSON AUTHORIZED TO ACCOUNT: _____
(Authorized to access or change account information and initiate changes to utility service.)

Sewer charges are based on the established sewer average from a previous location, an assumed sewer average of 9,100 gallons usage per month, or actual monthly usage, until a new sewer average is established based on water consumption as shown on January, February and March utility bills.

CAUTION

The summer months are historically high water usage periods. A selection of actual monthly usage during and prior to this time could increase the monthly sewer charges. Many customers increase their water consumption due to outside activities, swimming pool usage, sprinklers, etc.

A signed authorization for the actual water usage option must be on file with the city in order to initiate the actual usage option.

SELECT ONE: 9,100 Gallons _____ Actual Usage _____

New accounts will be next day service between 7:00 AM and 4:00 PM. An AM appointment is 7:00 AM to 12:00 noon and a PM appointment is 12:00 noon to 4:00 PM. If the water is turned off an adult member of the customer's family must be present before the City will turn on water to a residence. A person of legal age must sign a release form confirming that water service is not leaking in the house before the City will leave the water service turned on. A refundable deposit of \$100.00 is required but may be waived based on credit inquiry evaluated by an independent agency. The City has my permission to initiate a credit inquiry. Check one: Yes _____ No _____.

I attest by my signature below that the above personal information contained in the application submitted to the City of Broken Arrow is true and correct and my signature confirms my identity as the person stated on this application.

SIGNATURE: _____ DATE: _____

(Must be signed by primary accountholder)

PRESENTING FALSE IDENTIFICATION OR ASSUMING A FALSE IDENTITY FOR THE PURPOSE OF OBTAINING CITY SERVICES WILL BE PROSECUTED.**FOR CITY USE ONLY:**

Identification Checked by: _____ DL _____ SSN _____

ADVISED CUSTOMER OF CREDIT INQUIRY: PERMISSION GRANTED _____ PERMISSION DENIED: _____

SATISFACTORY EVALUATION _____ UNSATISFACTORY EVALUATION _____ DEPOSIT: \$ _____ WAIVED: _____

If unsatisfactory, customer was provided with Adverse Notice Letter please indicate which method:

IN PERSON _____ PHONE IN _____ MAILED _____ FAXED: _____ E-MAILED: _____

ENTERED NEW ACCOUNT: _____ DATE: _____